

Case Number:	CM15-0143020		
Date Assigned:	08/03/2015	Date of Injury:	01/25/2011
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on January 25, 2011. Treatment to date has included cervical anterior discectomy and fusion, post-operate physical therapy and acupuncture. Currently, the injured worker is status post cervical anterior discectomy and fusion on April 16, 2015. He reports less pain and is completing post-operative physical therapy and acupuncture. On physical examination, the injured worker has improvement in his right deltoid. The evaluating physician noted that the injured worker would need Dragon software as a pre-requisite to his ability to return to work. The injured worker wants to return to work in two weeks. The diagnoses associated with the request include cervical stenosis and radiculopathy. The treatment plan includes Dragon software, continuation of physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dragon software Qty:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-177.

Decision rationale: This 55 year old male has complained of neck pain since date of injury 1/25/11. He has been treated with surgery, physical therapy, acupuncture and medications. The current request is for dragon software. Per the ACOEM guidelines cited above, dragon software (voice recognition software) is not recommended for the treatment of chronic neck pain. On the basis of the available medical records and per the guidelines cited above, dragon software is not indicated as medically necessary.